

<b>GSA TAG#</b>	<b>G11-0562Y</b>
<b>DATE REPORTED</b>	<b>9/21/2021</b>
<b>REPORT TAKEN BY:</b>	<b>JEFF DUPREE</b>
<b>NAME OF DRIVER:</b>	<b>JESSICA CASEY</b>
<b>PHONE # OF DRIVER:</b>	<b>5 U.S.C. § 552 (b)(6)</b>
<b>REPORTED BY (name and phone)</b>	<b>JESSICA CASEY</b>
<b>DATE OF ACCIDENT:</b>	<b>9/21/2021</b>
<b>ACCIDENT/INCIDENT:</b>	<b>ACCIDENT</b>
<b>LOCATION:</b>	<b>NEW YORK NY</b>
<b>DETAILS:</b>	<b>POV HIT A GOV</b>
<b>TOWED:</b>	<b>NO</b>
<b>TOWED TO LOCATION/PHONE#:</b>	<b>N/A</b>
<b>POLICE CALLED:</b>	<b>YES</b>
<b>INJURIES/FATALITIES:</b>	<b>NO</b>
<b>SEAT BELTS USED:</b>	<b>YES</b>
<b>BOTH TAGS LOCATED ON VEHICLE? Y OR N</b>	<b>YES</b>
<b>AIR BAGS DEPLOYED:</b>	<b>NO</b>
<b>ADDITIONAL DETAILS:</b>	<b>POV HIT A GOV</b>



Darrell Segraves - QMDFAA <darrell.segraves@gsa.gov>

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## G11-0562Y - Accident Paperwork

1 message

ATL AMC <atl.amc@gsa.gov>

Tue, Mar 1, 2022 at 10:52 AM

To: Darrell Segraves - QMDFAA <darrell.segraves@gsa.gov>

----- Forwarded message -----

From: JESSICA CASEY (SAF) <[REDACTED]@usss.dhs.gov>

Date: Tue, Mar 1, 2022 at 10:47 AM

Subject: G11-0526Y - Accident Paperwork

To: atl.amc@gsa.gov <atl.amc@gsa.gov>

Cc: JESSICA CASEY (SAF) <[REDACTED]@usss.dhs.gov>

Please see attached required paperwork.

Let me know if I need to provide any other documentation.

Thank you,

Jessica Casey

Assistant to the Special Agent in Charge – US Secret Service

Safety, Health and Environmental Programs (SAF)

[REDACTED] cell)

[REDACTED]@usss.dhs.gov

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FOIA GSA-2022-001431

Attachment 2 Correspondence

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**Accident Management Center****77 Forsyth St SW****Atlanta, GA 30303****P: 866 400 0411****F: 855 511 9159**

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**10 attachments**

**FED Vehicle.jpg**  
1310K



**Vehicle 2 - A.jpg**  
768K

**Vehicle 2 - B.jpg**  
894K

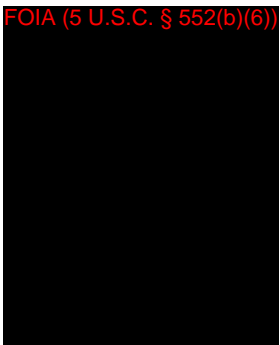
**FOIA GSA-2022-001431**

**Attachment 2 Correspondence**



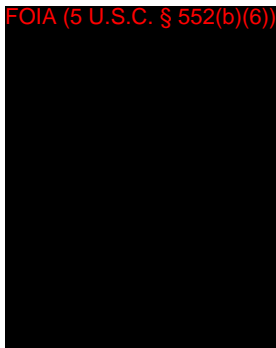
**Vehicle 2 - C.jpg**  
750K

FOIA (5 U.S.C. § 552(b)(6))



**Vehicle 2 - Driver B.jpg**  
1171K

FOIA (5 U.S.C. § 552(b)(6))



**Vehicle 2 - Driver.jpg**  
1345K



**ate for Repairs.pdf**



**FOIA GSA-2022-001431**

**Attachment 2 Correspondence**

**4 of 4**



**SF91 - Signed.pdf**

2796K



**SF94 - Eric Witness Statement.pdf**

865K



**SF94-20 - Anna Witness Statement.pdf**

864K



**U.S. GENERAL SERVICES ADMINISTRATION**  
**FEDERAL ACQUISITION SERVICE**

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March 01 , 2022

PATRICK CASEY  
USSS OHR  
950 H STREET NW  
SUITE 8900  
WASHINGTON, DC 20223-0000

Billed Office Address Code: 070113-016  
Accident Control Number: G11-0562Y-01  
Phone: 202- 906-9256  
Fax: 000- 000-0000

Dear GSA Fleet Customer:

The GSA Fleet National Accident Management Center (AMC) has selected the below-listed vendor to repair your GSA Fleet leased vehicle. Your vehicle has damages estimated at **\$1,032.00** related to an accident that occurred on **09/21/2021**, according to your report. The AMC has authorized that repairs be scheduled within five (5) working days from your receipt of the purchase order number. Please contact the vendor listed below to schedule repairs to vehicle tag number **G11-0562Y** for the estimated amount authorized above. **If repairs cannot be completed in 30 days, this office should be notified.**

We have notified the vendor separately, citing the purchase order number for the estimated amount. As soon as the repairs have been completed, the vendor will contact you directly to schedule pickup of the vehicle. Please examine it to ensure that all repairs are completed and the vehicle has been restored to its former condition, prior to damages. Your signature is required on the invoice upon completion of repairs and will constitute your satisfaction with the work performed.

Vendor:      AUTO COLLISIONS & ME      Telephone      301- 498-4900  
No:

Tag Number	PO Number	PO Date	PO Amount
G11-0562Y	K0139212	03/01/2022	\$1,032.00

Date repairs are to begin: \_\_\_\_\_

If you have any questions contact: DARRELL SEGRAVES at (866)400-0411 , (470)777-3434 or  
Email at: [atl.amc@gsa.gov](mailto:atl.amc@gsa.gov)

**GSA Fleet**   
**Accident Management Program**



**U.S. GENERAL SERVICES ADMINISTRATION**  
**FEDERAL ACQUISITION SERVICE**

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March 11 , 2022

PATRICK CASEY  
USSS OHR  
950 H STREET NW  
SUITE 8900  
WASHINGTON, DC 20223-0000

Billed Office Address Code: 070113-016  
Accident Control Number: G11-0562Y-01  
Phone: 202- 906-9256  
Fax: 000- 000-0000

Dear GSA Fleet Customer:

The GSA Fleet National Accident Management Center (AMC) has selected the below-listed vendor to repair your GSA Fleet leased vehicle. Your vehicle has damages estimated at **\$1,344.40** related to an accident that occurred on **09/21/2021**, according to your report. The AMC has authorized that repairs be scheduled within five (5) working days from your receipt of the purchase order number. Please contact the vendor listed below to schedule repairs to vehicle tag number **G11-0562Y** for the estimated amount authorized above. **If repairs cannot be completed in 30 days, this office should be notified.**

We have notified the vendor separately, citing the purchase order number for the estimated amount. As soon as the repairs have been completed, the vendor will contact you directly to schedule pickup of the vehicle. Please examine it to ensure that all repairs are completed and the vehicle has been restored to its former condition, prior to damages. Your signature is required on the invoice upon completion of repairs and will constitute your satisfaction with the work performed.

Vendor: AUTO COLLISIONS & ME Telephone No: 301- 498-4900

Tag Number	PO Number	PO Date	PO Amount
G11-0562Y	K0139212	03/01/2022	\$1,344.40

Date repairs are to begin: \_\_\_\_\_

If you have any questions contact: DARRELL SEGRAVES at (866)400-0411 , (470)777-3434 or Email at: [atl.amc@gsa.gov](mailto:atl.amc@gsa.gov)



Date: 2/28/2022 11:39 AM  
 Estimate ID: 283  
 Estimate Version: 0  
 Preliminary  
 Profile ID: \* Mitchell

## Auto Collision & Mechanics Inc

3361 Laurel Fort Meade Rd, Laurel, MD 20724  
 (301) 498-4900  
 Fax: (301) 498-1754  
 Email: autocollisionandmechanic@gmail.com

Damage Assessed By: [REDACTED]  
 Classification: None

Deductible: UNKNOWN

Owner: G11-0562Y

Mitchell Service: 911667

Description: 2021 Dodge Charger SXT  
 Body Style: 4D Sed  
 VIN: 2C3CDXBG7MH611590  
 Mileage: 3,528  
 OEM/ALT: A

Drive Train: 3.6L Inj 6 Cyl 8A RWD  
 License: G11-0562Y

Parts Profile: Aftermarket

Parts Profile Version: 2

Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING  
 REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN  
 DRIVER AIRBAG, REAR (DUAL-ZONE) AC, FRONT SIDE AIRBAG WITH HEAD PROTECTION  
 ANTI-LOCK BRAKE SYS., TRACTION CONTROL, ALUM/ALLOY WHEELS, REARVIEW CAMERA  
 REMOTE IGNITION, TIRE INFLATION/PRESSURE MONITOR, AUXILIARY INPUT  
 BLUETOOTH WIRELESS CONNECTIVITY, LEATHER STEERING WHEEL, SATELLITE RADIO  
 POWER ADJUSTABLE EXTERIOR MIRROR, TRIP COMPUTER, FIRST ROW BUCKET SEAT  
 CLOTH SEAT, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS  
 SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, REMOTE DECKLID OR TAILGATE RELEASE  
 MP3 PLAYER, DAYTIME RUNNING LIGHTS, DRIVER SEAT WITH POWER LUMBAR SUPPORT  
 ELECTRONIC PARKING AID, ELECTRONIC STABILITY CONTROL, KEYLESS ENTRY SYSTEM  
 REAR BENCH SEAT, SMART KEY SYSTEM, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Quarter Panel</u>							
1	103894	BDY	REPAIR	L Quarter Outer Panel	Existing		15.0*#
2		REF	REFINISH	L Quarter Panel Outside			C 2.3
<u>Rear Lamps</u>							
3	100463	BDY	REMOVE/INSTALL	L Rear Combination Lamp			INC #
<u>Rear Bumper</u>							
4	100894	BDY	REMOVE/INSTALL	Rear Bumper Cover			1.6 #
<u>Additional Operations</u>							
5		REF	ADD'L OPR	Clear Coat			0.9
<u>Additional Costs &amp; Materials</u>							
6			ADD'L COST	Paint/Materials		140.80 *	
7			ADD'L COST	Shop Materials		15.00 *	
8			ADD'L COST	Hazardous Waste Disposal		5.00 *	

\* - Judgment Item

# - Labor Note Applies

C - Included in Clear Coat Calc

**Estimate Totals**

		Units	Rate	Add'l Labor Amount	Sublet Amount	Totals			Amount
I. Labor Subtotals							II. Part Replacement Summary		
Body		16.6	44.00	0.00	0.00	730.40 T			
Refinish		3.2	44.00	0.00	0.00	140.80 T	Total Replacement Parts Amount		0.00
	Taxable Labor					871.20			
Labor Summary	19.8					871.20			
III. Additional Costs						Amount	IV. Adjustments		Amount
Taxable Costs						160.80	Customer Responsibility		0.00
Total Additional Costs						160.80			
Paint Material Method: Rates									
Init Rate = 44.00 , Init Max Hours = 99.9, Addl Rate = 0.00									
							I. Total Labor:		871.20
							II. Total Replacement Parts:		0.00
							III. Total Additional Costs:		160.80
							Gross Total:		1,032.00
							IV. Total Adjustments:		0.00
							Net Total:		1,032.00

**This is a preliminary estimate.****Additional changes to the estimate may be required for the actual repair.**



U.S. GENERAL SERVICES ADMINISTRATION  
FEDERAL ACQUISITION SERVICE

March 01 , 2022

**BODY SHOP**

AUTO COLLISIONS & MECHANICS  
3361 FORT MEADE ROAD,  
LAUREL, MD 20724-0000  
FAX: 301- 498-1754

Dear GSA Fleet Vendor:

The GSA Fleet National Accident Management Center (AMC) has selected your company to repair vehicle tag number **G11-0562Y**, a **2021 DODGE CHARGER**. We have issued the below purchase order(s) in the amount of **\$1,032.00** for needed repairs. **If any hidden damages are found, please contact the AMC technician listed below to obtain a supplemental approval.**

The customer has been notified to schedule an appointment with you for repairs to the above vehicle. We have requested that the customer contact you within five (5) business days of receipt of this purchase order number. Please contact the AMC immediately if the vehicle has not arrived at your location for repairs or you have not been contacted by the customer to schedule an appointment within the specified period of time. **If repairs cannot be completed in 30 days, this office should be notified.**

GSA FLEET CUSTOMER CONTACT INFORMATION:

PATRICK CASEY

USSS OHR

WASHINGTON, DC 20223-0000

PHONE: **§ U.S.C. § 552 (b)(6)**

FAX: 000- 000-0000

As soon as repairs are completed, please email a signed invoice to [atl.amc@gsa.gov](mailto:atl.amc@gsa.gov) so that we may pay promptly for your services via the following payment method: **MASTER CARD**. Please include on the invoice the vehicle license plate number (tag number), purchase order number, driver's signature, mileage, full details regarding the work performed and **a statement that sales tax has been deducted, the Federal Government is TAX EXEMPT, Exempt # 44-0553234.**

Tag Number	PO Number	PO Date	PO Amount
G11- 0562Y	K0139212	03/01/2022	\$1,032.00

GSA Fleet National Accident Management Center

77 Forsyth Street, SW

Atlanta, GA 30303-3458

Phone: (866) 400-0411

Fax: (855)511-9159

Attn: DARRELL SEGRAVES

phone/extension: (470)777-3434

email: [atl.amc@gsa.gov](mailto:atl.amc@gsa.gov)



<b>MOTOR VEHICLE ACCIDENT (CRASH) REPORT</b>		<i>Please read the Privacy Act Statement on Page 4</i>		<b>INSTRUCTIONS:</b> Sections I through IX are filled out by the vehicle operator. Section X, items 73 thru 83c are filled out by the operator's supervisor. Section XI thru XIII are filled out by a crash investigator for bodily injury, fatality, and/or damage exceeding \$500.			
<b>SECTION I - FEDERAL VEHICLE DATA</b>							
1. DRIVER'S NAME (Last, First, Middle) Casey, Jessica		2. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS 5 U.S.C. § 552 (b)(6)		3. DATE OF CRASH 9/21/21			
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS US Secret Service		4b. TELEPHONE NUMBER 5 U.S.C. § 552 (b)(6)		4c. E-MAIL ADDRESS @usss.dhs.gov			
5. TAG OR IDENTIFICATION NUMBER G110562Y	6. ESTIMATED REPAIR COST \$	7. YEAR OF VEHICLE 2021	8. MAKE Dodge	9. MODEL Charger	10. SEAT BELTS USED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
11. DESCRIBE VEHICLE DAMAGE Left rear panel and tire, scratched and dented. Tire rim scuffed and scraped.							
<b>SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)</b>							
12. DRIVER'S NAME (Last, First, Middle) 5 U.S.C. § 552 (b)(6)		13. SOCIAL SECURITY NUMBER/ TAX IDENTIFICATION NUMBER 5 U.S.C. § 552 (b)(6)		14. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS 5 U.S.C. § 552 (b)(6)			
15a. DRIVER'S WORK ADDRESS			15b. TELEPHONE NUMBER				
16a. DRIVER'S HOME ADDRESS 5 U.S.C. § 552 (b)(6)			16b. HOME TELEPHONE NUMBER				
17. DESCRIPTION OF VEHICLE DAMAGE Right front bumper - scrapes and small dent			18. ESTIMATED REPAIR COST \$				
19. YEAR OF VEHICLE 2021	20. MAKE OF VEHICLE Toyota	21. MODEL OF VEHICLE Highlander		22. TAG NUMBER AND STATE			
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS 5 U.S.C. § 552 (b)(6)			23b. POLICY NUMBER 5 U.S.C. § 552 (b)(6)				
23c. TELEPHONE NUMBER			23d. TELEPHONE NUMBER				
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		25a. OWNER'S NAME(S) (Last, First, Middle) 5 U.S.C. § 552 (b)(6)		25b. TELEPHONE NUMBER			
26. OWNER'S ADDRESS(ES) 1411 6th Street, Apartment 1, North Bergen, NJ 07047							
<b>SECTION III - FATALITY OR INJURED (Use Section VIII if additional space is needed)</b>							
27. NAME (Last, First, Middle)			28. SEX	29. DATE OF BIRTH			
30. ADDRESS							
A 31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> FATALITY <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY			
35. TRANSPORTED BY		36. TRANSPORTED TO					
37. NAME (Last, First, Middle)			38. SEX	39. DATE OF BIRTH			
40. ADDRESS							
B 41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> FATALITY <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY			
45. TRANSPORTED BY		46. TRANSPORTED TO					
47. PEDESTRIAN		a. NAME OF STREET OR HIGHWAY b. DIRECTION OF PEDESTRIAN (Southwest (SW) corner to Northwest (NW) corner, etc.) FROM TO					
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF CRASH (crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)							



## SECTION IV - CRASH TIME AND LOCATION (Use Section VII if additional space is needed)

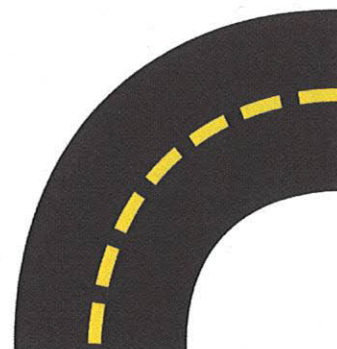
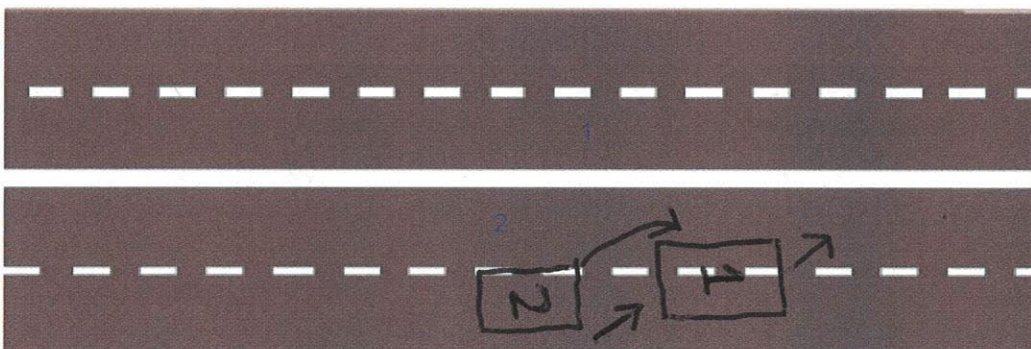
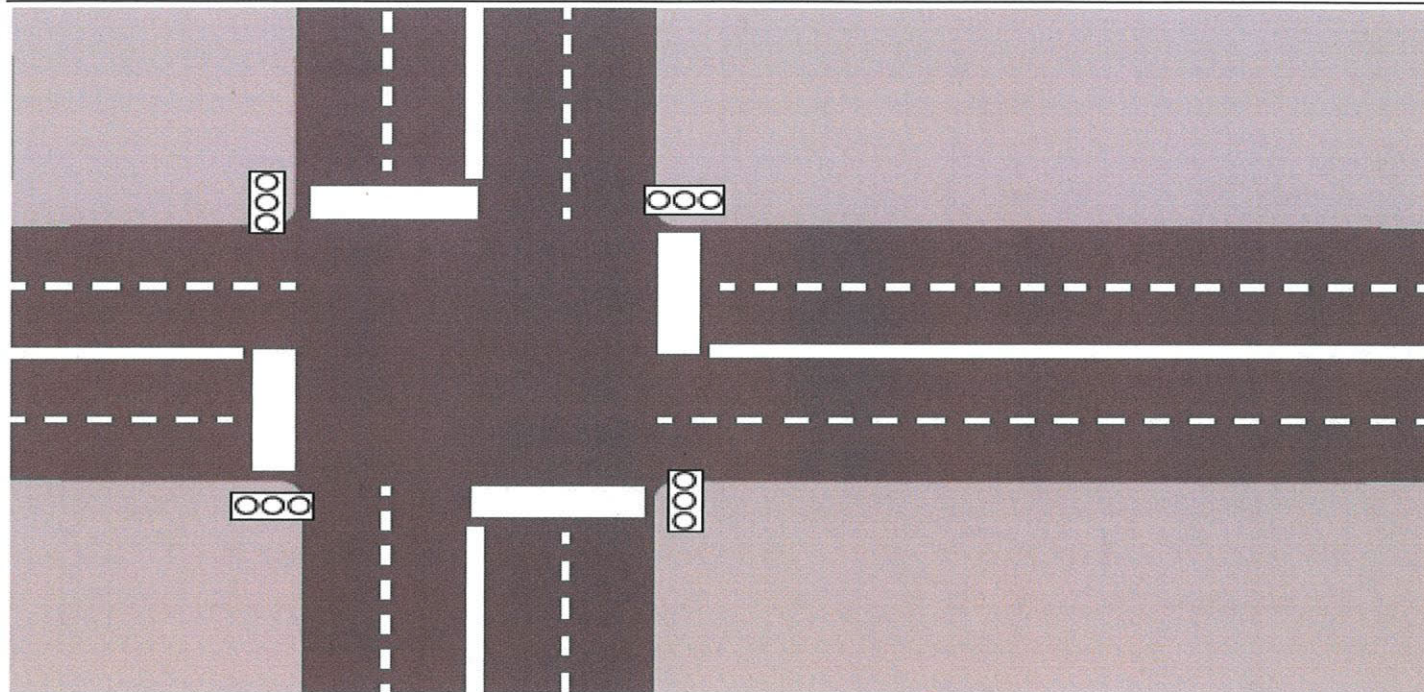
48. DATE OF CRASH  
9/21/21

49. PLACE OF CRASH (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

50. TIME OF CRASH  
1340 ☐ AM  
☒ PM

Prior to interestection of Bowery and Grand Street. Manhattan, NY.

51. INDICATE ON THE DIAGRAMS BELOW WHAT HAPPENED



1. Number the vehicles involved as follows:

Government Vehicle (GOV) #1 - Private Vehicle (POV) #2 - Additional Vehicles GOV or POV as #3, etc. and show direction of travel by arrow.

(Example:  $\text{---}\rightarrow$     **1**    **2**     $\leftarrow\text{---}$ )

2. Use solid line to show path before crash \_\_\_\_\_ 2  
Broken line after crash - - - - - 2

3. Show pedestrian by ----->



4. Show railroad by -|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this compass





## 52. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA
	×	a. Front		×	b. Right Front			c. Left Front	×		d. Rear			e. Right Rear	×		f. Left Rear
		g. Right Side	×		h. Left Side												

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of crash vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.).

FED was traveling north bound on Bowery Street in the number 2 lane approaching the intersection of Grand Street.

Vehicle 2 was traveling behind FED in the number 2 lane.

A delivery truck was parked in the number 2 lane. FED utilized blinker and moved into the number 1 lane to move around parked delivery truck.

Vehicle 2 moved from the number 2 lane into the number 1 lane already occupied by FED.

Approximate speed of FED was 10 mph; approximate speed of Vehicle 2 was 15 mph.

Weather conditions were sunny, no rain. Street conditions were normal, no issues. All traffic signals were functioning.

Both vehicles were operable and able to move from intersection into a safe area to exchange information.

FED called NYPD to report accident.

Vehicle 2 provided information, but then departed scene due to having to get to work.

**SECTION V - WITNESS/PASSENGER (Witness must fill out Standard Form 94 - Statement of Witness) (Continue in Section VIII.)**

A	54. NAME (Last, First, Middle) Czech, Anna	55. TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS SAF - 950 H Street, Washington, DC	58. HOME ADDRESS	
B	59. NAME (Last, First, Middle) Pauli, Eric	60. TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS SAF - 950 H Street, Washington, DC	63. HOME ADDRESS	

**SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)**

64a. NAME OF OWNER (Last, First, Middle)	64b. TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

**SECTION VII - POLICE INFORMATION**

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH CRASH	71b. VIOLATION(S)

## SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ON ADDITIONAL SHEETS OF PAPER.

NYPD was called; however, after waiting for an hour no officers responded. FED driver and passengers returned to their work site to complete their assignment.

## PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 - United States Code set forth at 5 U.S.C. § 552a. Authority to collect the information is set forth at 40 U.S.C. § 491 and 31 U.S.C. § 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on crashes involving privately owned and Federal fleet vehicles, and collecting crash claims resulting from crashes. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the Government Accountability Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of the Treasury and the Department of Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for Federal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

## SECTION IX - FEDERAL DRIVER CERTIFICATION

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

ATSAIC Jessica Casey

72b. DRIVER'S SIGNATURE

5 U.S.C. § 552 (b)(6)

72c. DATE

9.29.21

## SECTION X - DETAILS OF TRIP DURING WHICH CRASH OCCURRED

73. ORIGIN

New York Field Office

74. DESTINATION

Sheraton Times Square - Work Site

75. EXACT PURPOSE OF TRIP

Picking up testing supplies at the New York Field Office and bringing them to UNGA testing site, the Sheraton Times Square.

76. TRIP BEGAN	DATE 9/21/21	TIME (Include AM or PM) 1:15 PM	77. CRASH OCCURRED	DATE 9/21/21	TIME (Include AM or PM) 1:40 PM
78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input checked="" type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)			79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			81. DID THE OPERATOR, WHILE EN ROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		

82. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS CRASH OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY?	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS NONE.

83a. NAME AND TITLE OF SUPERVISOR

SAIC Blaine Forschten

83b. SUPERVISOR'S SIGNATURE

5 U.S.C. § 552 (b)(6)

83c. DATE

9.29.21

83d. TELEPHONE NUMBER

5 U.S.C. § 552 (b)(6)

**SECTION XI - CRASH INVESTIGATION DATA**84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION? ☐ NO ☐ YES (If checked, explain below.)**85. PERSONS INTERVIEWED**

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment)

**SECTION XII - ATTACHMENTS**

87. LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

88. REVIEWING OFFICIAL'S COMMENTS

89. CRASH INVESTIGATOR		90. CRASH REVIEWING OFFICIAL	
a. SIGNATURE	b. DATE	a. SIGNATURE	b. DATE
c. NAME (First, Middle, Last)		c. NAME (First, Middle, Last)	
d. TITLE		d. TITLE	
e. OFFICE		e. OFFICE	
f. TELEPHONE NUMBER	EXTENSION	f. TELEPHONE NUMBER	EXTENSION
g. E-MAIL ADDRESS		g. E-MAIL ADDRESS	

**STATEMENT OF WITNESS***(Attach additional sheets if necessary)**Please read the Privacy Act  
Statement on Page 3*OMB Control Number: 3090-0118  
Expiration Date: 11/30/2023

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0118. We estimate that it will take 20 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

**1. WITNESS INFORMATION****a. NAME OF WITNESS:**

Eric Pauli

**b. HOME ADDRESS (Include ZIP Code)**

5 U.S.C. § 552 (b)(6)

**c. E-MAIL ADDRESS**

eric.pauli@usss.dhs.gov

**d. WORK TELEPHONE NUMBER**

5 U.S.C. § 552 (b)(6)

**e. CELLULAR TELEPHONE NUMBER**

5 U.S.C. § 552 (b)(6)

**f. HOME TELEPHONE NUMBER**

5 U.S.C. § 552 (b)(6)

**2. ACCIDENT INFORMATION****a. DID YOU WITNESS THE ACCIDENT?**

Yes

**b. DATE OF ACCIDENT:**

9/21/21

**c. TIME OF ACCIDENT:**

1340

☐ a.m.☒ p.m.**d. TIME YOU ARRIVED AT SCENE?**

on scene

☐ a.m.☐ p.m.**3. WHERE DID THE ACCIDENT OCCUR? (Give Street Location, City, and State)**

near the intersection of Bowery and Grand St. New York, NY

**4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED.**

Special Agent (SA) Jessica Casey was driving me and Anna Czech from the NYFO back to the Sheraton New York. I was seated in the rear seat on the driver's side with my seatbelt fastened. I was checking emails on my cellphone but looking up occasionally at the road and surrounding area. SA Casey was driving down Bowery street in the right lane when she encountered a parked vehicle (truck as I recall) in her lane approximately 1/4 of a mile from the intersection of Bowery and Grand Street. SA Casey slowly maneuvered around the vehicle. As she did, I looked down at my phone, and our vehicle was quickly struck by the civilian vehicle.

**5. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?**

No.

**6. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY.**

Superficial scratches with minimal denting to passenger's right front bumper. Photos taken and available as needed.

**7. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY.**

Scratched paint and minor denting to rear, driver's side fender area. Photos taken and available as needed.

**8. DESCRIBE ROAD AND CONDITIONS THAT INFLUENCED THE ACCIDENT (e.g. weather, terrain, debris, road work, time of day).**

Parked vehicle on roadway. Otherwise, the weather was rather nice and sunny with "reasonably flowing traffic" for NYC.

**9. DID YOU NOTICE ANYTHING UNUSUAL PRIOR TO OR DURING THE ACCIDENT?**

IF YES, PLEASE DESCRIBE WHAT YOU NOTICED AND WHY YOU THINK IT WAS PERTINENT TO THIS ACCIDENT.

No.





NOTES: Include other pertinent information such as: How many drivers/vehicles were involved? Describe the vehicles. How many passengers per vehicle(s)? Were Police, Fire and/or Rescue on the scene? Was a Police Report completed? Were Police, Fire and/or Rescue present before or after you arrived on the scene? Describe the accident (*provide your detailed account*).

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#### PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 - United States Code set forth at 5 U.S.C. § 552a. Authority to collect the information is set forth at 40 U.S.C. § 491 and 31 U.S.C. § 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the Government Accountability Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of the Treasury and the Department of Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (*including agencies under contract to Treasury to collect debt*), and to other agency finance offices for federal management and debt collection.

---

12. WITNESS NAME:

---

13. WITNESS SIGNATURE:

DATE:

TIME:



**STATEMENT OF WITNESS***(Attach additional sheets if necessary)**Please read the Privacy Act  
Statement on Page 3*OMB Control Number: 3090-0118  
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## 1. WITNESS INFORMATION

a. NAME OF WITNESS:

Anna Czech

b. HOME ADDRESS (Include ZIP Code)

5 U.S.C. § 552 (b)(6)

c. E-MAIL ADDRESS

anna.czech@usss.dhs.gov

d. WORK TELEPHONE NUMBER

e. CELLULAR TELEPHONE NUMBER

5 U.S.C. § 552 (b)(6)

f. HOME TELEPHONE NUMBER

## 2. ACCIDENT INFORMATION

a. DID YOU WITNESS THE ACCIDENT?

Yes

b. DATE OF ACCIDENT:

9/21/21

c. TIME OF ACCIDENT:

1:54

☐ a.m.☒ p.m.

d. TIME YOU ARRIVED AT SCENE?

1:54

☐ a.m.☒ p.m.

## 3. WHERE DID THE ACCIDENT OCCUR? (Give Street Location, City, and State)

## 4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED.

We were stopped in the right lane and then moved over to the left lane in order to avoid a park truck up ahead. About 10 seconds after we moved into the left lane and came to another full stop (due to traffic) we were hit from behind on the left rear bumper.

## 5. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

N/A

## 6. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY.

Damage to the front bumper of the toyata highlander

## 7. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY.

Damage to the left rear bumper and the left rear side of the car

## 8. DESCRIBE ROAD AND CONDITIONS THAT INFLUENCED THE ACCIDENT (e.g. weather, terrain, debris, road work, time of day).

N/A

## 9. DID YOU NOTICE ANYTHING UNUSUAL PRIOR TO OR DURING THE ACCIDENT?

IF YES, PLEASE DESCRIBE WHAT YOU NOTICED AND WHY YOU THINK IT WAS PERTINENT TO THIS ACCIDENT.

No





NOTES: Include other pertinent information such as: How many drivers/vehicles were involved? Describe the vehicles. How many passengers per vehicle(s)? Were Police, Fire and/or Rescue on the scene? Was a Police Report completed? Were Police, Fire and/or Rescue present before or after you arrived on the scene? Describe the accident (*provide your detailed account*).

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#### PRIVACY ACT STATEMENT

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12. WITNESS NAME:

Anna Czech

13. WITNESS SIGNATURE:

►

DATE:

9/21/21

TIME:

1735

<b>SMALL PURCHASE TABULATIONSOURCE LIST/ABSTRACT</b>	CONTRACT/ORDER # 11 11 G11-0562Y-01		ACT NUMBER K0139212		TABULATION DATE 03/01/2022		NAME OF BUYER & EXTN.					
	PROCUREMENT SYNOPSISIZE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		BUSINESS SIZE <input type="checkbox"/> Small <input type="checkbox"/> Other		QUOTATION <input checked="" type="checkbox"/> Written <input type="checkbox"/> Other		CLOSING DATE					
LIST OF SUPPLIERS DECLINING TO QUOTE PRICE				LIST OF SUPPLIER'S RESPONDING/QUOTATION RECEIVED								
AUTO COLLISIONS & MECHANICS 3361 FORT MEADE ROAD  LAUREL MD 20724 Tel: (301)498-4900 DUNS:9625345530000												
NSN ITEM AND DESCRIPTION	QUAN.	UNIT OF ISSUE	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
TAG NUMBER: G11-0562Y	1	Ea		\$1032.00		\$0.00		\$0.00		\$0.00		\$0.00
SUPPLEMENTAL/ADDITIONAL ESTIMATE COST				\$312.40		\$0.00		\$0.00		\$0.00		\$0.00
BASIS USED TO DEVELOP SOURCES (If only one source is solicited explain the absence of competition in remarks on reverse)	TOTAL DOLLAR VALUE			\$1344.40		\$0.00		\$0.00		\$0.00		\$0.00
	SUPPLIER'S DISCOUNT TERMS											
WAS PREVIOUS SUPPLIER SOLICITED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  DELIVERY REQUIRED WITHIN (Specify days) 000	SUPPLIER'S F.O.B POINT/ INSPECTION POINT											
	LAST AWARD											
VENDOR AUTO COLLISIONS & MECHANICS						DATE		PRICE		QUANTITY		
WAS PROCUREMENT SET ASIDE FOR SMALL BUSINESS (if "NO" explain the reason for not setting aside in remarks on reverse) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IS THE LOW OFFEROR FOR THIS PROCUREMENT ON THE DEBARRED LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				ARE ITEMS COVERED BY STANDING PRICE QUOTATION ON FILE WHICH EXPIRES ON		BASIS OF PRICE FAIRNESS/REASONABLENESS (If required by FAR 13.106)					
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE:		RECENT LIKE PURCHASE , REVIEW OF CRASH GUIDE, AND MY EXPERIENCE.			
APPROPRIATION	SUPPLIER SELECTED  AUTO COLLISIONS & MECHANICS									DATE ORDERED		
APPROVAL (If required)										DATE		

REMARKS:

CHANGED TO AIE, CLOSED, NEVER REC INFO.....SUPP 312.40 NEEDED 03/11/2022, VEHICLE FINALLY TAKEN FOR REPAIR























